

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

409239

1. PLACE OF DEATH

County Callaway
Township Bedar
City New Bloomfield (No. _____)

Registration District No. 104
Primary Registration District No. 5-15-8

File No. _____
Registered No. 578
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna Gilbert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29 1871</u>		
7. AGE <u>60</u>	YEARS <u>4</u>	MONTHS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hospital Nurse</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) <u>Aug 1930</u>		11. Total time (years) spent in this occupation <u>20</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
13. NAME <u>Samuel Gilbert</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
15. MAIDEN NAME <u>Mattie Steel</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
17. INFORMANT <u>Edna Gilbert</u> (ADDRESS) <u>New Bloomfield Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Curran</u> DATE <u>12/6</u> 19 <u>31</u>
19. UNDERTAKER <u>Ray A. Holt</u> (ADDRESS) <u>New Bloomfield</u>
20. FILED <u>Dec 10</u> 19 <u>31</u> <u>W. H. H. H.</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/5 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1931, to Dec 5 1931.
I last saw him alive on Dec 5 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset 12/5/31

Other contributory causes of importance:
Arteriosclerosis

Name of operation nr Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? nr
If so, specify nr
(Signed) W. H. H. H. M. D.
(Address) New Bloomfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

